HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
P.O. BOX 2121
HONOLULU, HI 96805
EFFECTIVE JANUARY 1, 2014

1A MEDICAL/PRESCRIPTION DRUG — **Kaiser**

		Monthly Premium
A.	Non-Medicare - Self	$612.44
B.	Non-Medicare - 2-Party	$1,236.16
C.	Non-Medicare - Family	$1,823.28
D.	Medicare - Self	$377.04
E.	Medicare - 2-Party	$735.24
F.	Medicare - Family	$1,089.64

1A $ _____

1B MEDICAL ONLY — **HMSA**

		Monthly Premium
A.	Non-Medicare - Self	$444.38
B.	Non-Medicare - 2-Party	$865.92
C.	Non-Medicare - Family	$1,283.68
D.	Medicare - Self	$200.02
E.	Medicare - 2-Party	$389.80
F.	Medicare - Family	$577.84

Select one plan and enter premium amount — **1B** $ _____
If you selected a plan in 1A, do not complete this section

1C PRESCRIPTION DRUG ONLY

		Monthly Premium
A.	Non-Medicare - Self	$126.14
B.	Non-Medicare - 2-Party	$245.66
C.	Non-Medicare - Family	$364.24
D.	Medicare - Self	$145.00
E.	Medicare - 2-Party	$282.34
F.	Medicare - Family	$418.60

Select one plan and enter premium amount — **1C** $ _____
If you selected a plan in 1A, do not complete this section

2 DENTAL — **HDS**

	Monthly Premium
Non Medicare/Medicare	
Self	$31.88
2-Party	$62.16
Family	$76.16

Select one plan and enter premium amount — **2** $ _____

3 VISION — **VSP**

	Monthly Premium
Non Medicare/Medicare	
Self	$5.32
2-Party	$10.64
Family	$14.28

Select one plan and enter premium amount — **3** $ _____

4 Add lines 1A or 1B and 1C, 2, 3 (Medical, Prescription Drug, Dental, Vision) — **4** $ _____

5 EMPLOYER CONTRIBUTION

		0%	50%	75%	100%
A.	Non Medicare - Self	$0.00	$368.30	$552.44	$736.60
B.	Non Medicare - 2-Party	$0.00	$742.36	$1,113.54	$1,484.72
C.	Non Medicare - Family	$0.00	$1,086.52	$1,629.80	$2,173.06
D.	Medicare - Self	$0.00	$262.36	$393.54	$524.72
E.	Medicare - 2-Party	$0.00	$525.84	$788.78	$1,051.70
F.	Medicare - Family	$0.00	$765.88	$1,148.84	$1,531.78

Check your medical selection on line 1A or 1B. (For example, if you selected 1AA, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%). — **5** $ _____

6 Line 4 minus line 5, enter the AMOUNT YOU OWE monthly — **6** $ _____

Please keep this sheet for your records. We do not send monthly billings or statements. Your monthly amounts will be on your confirmation notice. Payments are due by the first of the month, you may pay for more than one month of premiums on one check. Please make checks payable to EUTF.

12/18/13